



MNI: _____

TCN: _____

PERMIT #: _____

WASHOE COUNTY BACKGROUND POLICY – EMPLOYEE FINGERPRINT FORM

SECTION 1: TO BE COMPLETED BY PERSON BEING FINGERPRINTED

DATE FINGERPRINTED: _____

NAME (PLEASE PRINT): _____
Last Name First Name Middle Initial

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

CITIZENSHIP: _____ SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

**** Bring this completed form and picture I.D. with you. Thank you. ****

SECTION 2: TO BE COMPLETED BY DEPARTMENT HR REPRESENTATIVE OR DESIGNEE

DEPARTMENT FINGERPRINT ACCOUNT # (MNU): _____ ORI: NV0131700

DEPT/DIV NAME: _____

DEPARTMENT CONTACT: _____
(Please Print)

CONTACT PHONE #: _____

DEPARTMENT AUTHORIZATION: _____
(Signature)

Reason Fingerprinted:

X Employment Reasons (New Hire, Rehire, Existing Employee/Per NRS 239B.010.B)

Info on this form is mandatory for submission of fingerprints to the State and F.B.I. in accordance with the Washoe County Background and Reference Checks Policy and Procedures.